

Membership Application		Membership expires 12/31/2006			
Name					
Address	157	First	MI		
City, State, Zip Code					
Phone ()	e-mail add	ress			
To verify Senior Status and to participate in birthday celebrations please provide:		Birth	Birthdate:		
Current Occupation		Employer			
Former Occupation		Employer			
If spouse is member, please give	: name				
Emergency Contact (Please list a Name	•		• •	MI 	
Home Center (for voting and mai	ling purposes o	nly):			
Interests: (Check all that apply)	For	For office use only:			
Oraft Classes	<i>A</i> ppli	ication Date _	_Amoun	·	
——Dances ——Basketball ——Fitness Classes	Card		_ Card Filed		
Golf	Comp	xuter	_ Receipt #		
Senior Olympics Trips	Mem	Membership Card			
Computer Classes Volunteering	New	New Member Invitation			
Make checks payable to Columbi City Treasurer for \$15	us Comp	Completed by			

Something for everyone...naturally. www.columbusrecparks.com